

# STATE SERVICES FOR THE BLIND BUSINESS LOCATION VISITATION

FACILITY NUMBER \_\_\_\_\_ DATE of VISIT \_\_\_\_\_

LOCATION \_\_\_\_\_ MANAGER \_\_\_\_\_

BUSINESS ENTERPRISE SPECIALIST \_\_\_\_\_

## EVALUATION

- (1) EXCEEDS EXPECTATION (2) MEETS EXPECTATION  
(3) NEEDS IMPROVEMENT

	E	M	N
GENERAL CONDITION OF ENTIRE AREA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPERATOR'S APPEARANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPERATOR'S ATTITUDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIFO (First in First out)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APPEARANCE OF EMPLOYEES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLEANLINESS & SANITATION OF EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPERATOR'S SUPERVISION OF EMPLOYEES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPERATOR'S WORKING CONTRACT HOURS	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/>
NEW INVENTORY ITEMS FOR SALE	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/>
RESPONSIBLE INVENTORY AT ADEQUATE LEVEL	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/>
(VISUAL SURVEY)			
OPERATOR INVENTORY INCREASE OR DECREASE	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/>
( CHECK YES OR NO )			
ARE THE FACILITIES FIXTURES AND EQUIPMENT IN GOOD REPAIR	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/>
( CHECK YES OR NO )			
IS THE FACILITY WELL MERCHANDIZED	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/>
( CHECK YES OR NO )			
IS THERE SUFFICIENT PRODUCT MIX FOR THE LOCATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
( CHECK YES OR NO )			

ANY BOX THAT IS CHECKED "NEEDS IMPROVEMENT" OR THAT IS CHECKED "NO" MUST HAVE A WRITTEN REPORT WITH A SUGGESTED CORRECTIVE ACTION ATTACHED TO THE VISITATION SHEET!

A COPY OF THE REPORT ALONG WITH THE SUGGESTED ACTION PLAN GOES TO THE OPERATOR!

CHECK THE BOX THAT BEST APPLIES

**STATE SERVICES FOR THE BLIND  
BUSINESS LOCATION VISITATION**

WAS THIS VISITATION ANNOUNCED  
UNANNOUNCED

Y	N
<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS AND REQUESTS BY THE OPERATOR ARE RECORDED ON THE REVERSE SIDE:

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